



04-11-02

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 28967/35355A

**CONTINUED PROSECUTION APPLICATION REQUEST
TRANSMITTAL UNDER 37 CFR 1.53(d)**

TECHNICAL CENTER 1600/2900

APR 15 2002

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Box CPA
Commissioner for Patents
Washington, D.C. 20231

Sir:

This is a request under 37 CFR 1.53 for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 09/375,248
Filed on: August 16, 1999
Title: Screening and Therapy for Lymphatic Disorders
Involving the FLT4 Receptor Tyrosine Kinase (VEGFR-3)
Art Unit: (1633)
Examiner: E. Sorbello

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **April 10, 2002**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EL 827 655 468 US.

04/12/2002 AMONDAF1 00000147 09375248

31 FC:231
32 FC:202370.00 OP
160.00 OP

Richard Zimmermann

2. This request is filed by:

1. Full Name of Inventor	Family Name Ferrell	First Given Name Robert	Second Given Name E.
Residence & Citizenship	City Pittsburgh	State or Foreign Country Pennsylvania	Country of Citizenship United States
Post Office Address	Post Office Address	City	State & Zip Code/Country
2. Full Name of Inventor	Family Name Alitalo	First Given Name Kari	Second Given Name
Residence & Citizenship	City Helsinki	State or Foreign Country Finland	Country of Citizenship Finland
Post Office Address	Post Office Address	City	State & Zip Code/Country
3. Full Name of Inventor	Family Name Finegold	First Given Name David	Second Given Name N.
Residence & Citizenship	City Pittsburgh	State or Foreign Country Pennsylvania	Country of Citizenship United States
Post Office Address	Post Office Address	City	State & Zip Code/Country

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

4. Full Name of Inventor	Family Name Karkkainen	First Given Name Marika	Second Given Name
Residence & Citizenship	City Helsinki	State or Foreign Country Finland	Country of Citizenship Finland
Post Office Address	Post Office Address	City	State & Zip Code/Country

3. Amendments

- ☐ Amend the specification by inserting before the first line the sentence:
- ☐ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. Priority

- ☐ Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
- ☐ The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
- ☐ The certified copy(ies) has(have) not been filed.

5. Assignment

The prior application is assigned of record to Helsinki University Licensing Ltd.; University of Pittsburgh - of the Commonwealth System of Higher Education; and Ludwig Institute, and has been recorded at Reel No. 011139, Frame No. 0625; Reel No. 011139, Frame No. 0619; and Reel No. 011139, Frame No. 0607, respectively.

6. Small Entity Status

- ☒ Applicant claims small entity status, which was established in the prior application and is still effective. See 37 CFR 1.27.
- ☒ A small entity statement is(are) attached.

7. Power of Attorney

- ☐ A new power of attorney or authorization of agent is enclosed.

8. **Information Disclosure Statement**

- ☐ PTO-1449 is enclosed.
- ☐ Copies of Information Disclosure Statement citations are enclosed.

9. **Application to Be Published**

- ☒ Yes.
- ☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. **Fee Calculation**

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$370.00		\$740.00
TOTAL	19 - 20	= 0	X 9 =	\$	X 18 =	\$
INDEP.	7 - 3	= 4	X 42 =	\$168.00	X 84 =	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 140 =	\$	+ 280 =	\$
Filing Fee:				\$	OR	\$538.00

11. **Method of Payment of Fees**

- ☒ Attached is a check (for CPA and extension of time) in the amount of: \$998.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

12. **Deposit Account and Refund Authorization**

- ☒ The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.
- ☒ Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

13. Correspondence Address

Customer No.: 04743

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6357
(312) 474-6300
(312) 474-0448 (Telefacsimile)

By:



David A. Gass
Reg. No: 38,153

April 10, 2002